

Applied Resolutions LLC

An Independent Review Organization

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Case Number:

Date of Notice: 11/02/2015

Review Outcome:

A description of the qualifications for each physician or other health care provider who reviewed the decision:

Orthopedic Surgery

Description of the service or services in dispute:

CT Myelogram of the Lumbar Spine with CT Intrathecal with Contrast

Upon Independent review, the reviewer finds that the previous adverse determination / adverse determinations should be:

- ☒ Upheld (Agree)
- ☐ Overturned (Disagree)
- ☐ Partially Overturned (Agree in part / Disagree in part)

Patient Clinical History (Summary)

The patient is a male who reported an injury to his low back. The clinical note dated xxxx indicates the patient having previously undergone a surgical procedure in the lumbar region. The note indicates the patient continuing with mid lumbar spinal pain with radiating pain to the anterior thighs all the way to the knees. There is an indication the patient had undergone a CT myelogram at that time. According to the note, the myelogram revealed metallic grafts at L4-5 with neural foraminal stenosis at L5-S1. The clinical note dated xxxxx indicates the patient complaining of intermittent right lower extremity pain with numbness. The patient reported worsening pain with increased activity or ambulation. Upon exam tenderness is identified upon palpation in the lower lumbar paraspinal musculature. Palpable tension was identified in the lower paraspinals bilaterally. No hyperreflexia was identified. The note indicates the patient utilizing Tramadol for pain relief. The clinical note dated xxxxx indicates the patient continuing with low back complaints. The patient reported no radiating pain into the lower extremities at that time. The note indicates the patient continuing with Tramadol for pain relief. The clinical note dated xxxxx indicates the patient complaining of an exacerbation of right sided low back pain and leg pain. The patient reported a xxxxx history of an increase in pain. Low back spasms were identified. The patient reported an increase in pain when rising from a seated position. The pain was located in the low back with radiating pain to both legs to the anterior thighs. No strength, sensation or reflex changes were identified in the lower extremities. There is an indication the patient had undergone x-rays which revealed decreased disc heights at L1-2, L2-3, L3-4. A retrolisthesis was identified of L1 on L2 and a lateral listhesis was identified of L3 on L4. Tenderness was identified upon palpation of the paraspinal musculature. The patient has been recommended for a CT myelogram. The utilization reviews dated xxxx and 10/06/15 resulted in denials as insufficient information had been submitted regarding the patient's exam findings confirming any neurologic involvement.

Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.

The documentation indicates the patient complaining of ongoing low back pain despite a previous surgical intervention. CT myelogram is indicated for patients who have continued neurologic involvement following a full course of conservative treatments. No information was submitted confirming the patient's recent completion of any therapeutic interventions. Additionally, the most recent clinical note revealed the patient to have no specific complaints of any neurologic involvement as no strength, reflex or sensation changes were identified. Given the lack of supporting evidence regarding the patient's recent completion of

conservative therapies and taking into account the lack of information regarding any neurologic involvement in the lower extremities, the request is not indicated as medically necessary.

A description and the source of the screening criteria or other clinical basis used to make the decision:

- ☐ ACOEM-America College of Occupational and Environmental Medicine um
- ☐ knowledgebase AHCPR-Agency for Healthcare Research and Quality Guidelines
- ☐ DWC-Division of Workers Compensation Policies and
- ☐ Guidelines European Guidelines for Management of Chronic
- ☐ Low Back Pain Interqual Criteria
- ☒ Medical Judgment, Clinical Experience, and expertise in accordance with accepted medical
- ☐ standards Mercy Center Consensus Conference Guidelines
- ☐ Milliman Care Guidelines
- ☒ ODG-Official Disability Guidelines and Treatment
- ☐ Guidelines Pressley Reed, the Medical Disability Advisor
- ☐ Texas Guidelines for Chiropractic Quality Assurance and Practice
- ☐ Parameters Texas TACADA Guidelines
- ☐ TMF Screening Criteria Manual
- ☐ Peer Reviewed Nationally Accepted Médical Literature (Provide a description)
- ☐ Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)